

THE SIGNIFICANCE OF MOTHERHOOD:  
COPING AND NETWORKING AMONG ADOLESCENTS

By

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This is a study about motherhood among black adolescents. The hypotheses were developed from a variety of psychological, anthropological, sociological, and historical sources. There are three hypotheses. The first is that black adolescent mothers will be involved in larger and denser kinship/friendship networks than black adolescents who are not mothers. The second is that black adolescent mothers will experience lower self-esteem, greater depression, and less anxiety than black adolescents who are not mothers. The third is that the coping style of black adolescent mothers will be more passive than the coping style of black adolescents who are not mothers.

Data were collected from 50 mothers and 68 nonmothers between the ages of 14 and 20 who live in rural north Florida. Measures include the Hopkins Symptom Checklist, the Coopersmith Self-Esteem Inventory, the Hirsch Measure of

Social Networks, and a coping scale based on the work of Pearlin and Schooler and of Colletta.

The first hypothesis was supported: mothers had larger and denser networks than nonmothers. The second hypothesis was not supported: there were no significant differences between mothers and nonmothers on anxiety, depression, or self-esteem. Furthermore, the scores fell within normal limits. Finally, the data did not offer support for the third hypothesis. However, the coping style of the adolescents varied according to the type of problem causing the stress. An active, help-seeking style was used for institutional and task oriented problems whereas an accommodating style was preferred for interpersonal problems. The literature on coping styles suggests that these may not be the most effective.

Discussion of the data focused on the idea that rather than being pathological, adolescent motherhood may be a positive response which is influenced by certain historical and social factors. The data suggest that the psychological consequences of adolescent motherhood for the mother are not necessarily negative. She may be moving into the adult role for which she has been socialized and which she wants.



## CHAPTER ONE THE PROBLEM

### Introduction

This is a study designed to increase understanding of the interaction between social context and behavior as it relates to complex psychological processes. The focus is on the way in which race and class combine with decisions regarding adolescent motherhood to influence the development of certain psychological attributes and coping styles among black teenage girls.

A variety of themes is reflected in the scientific literature dealing with adolescent motherhood. These will be considered in detail further into this chapter, but they include the following sometimes contradictory beliefs: motherhood is a social problem with devastating implications at both the individual and the collective level; it is a reflection of such psychological "problems" as low self-esteem, immaturity, and desire for love; it results from and contributes to "pathological" family life; it is an indicator of the "strength" of black families to the extent that adolescent mothers and their children are valued, appreciated, and cared for. Depending on the perspective, any one of these themes "makes sense," but none accounts for the phenomenon or even describes it in a completely satisfactory way. What they do is stimulate a number of interesting

questions. Among them are the following: if the consequences of young motherhood are so negative, what does account for the incidence of it? What, if any, is the relationship between family life and adolescent motherhood? What are the psychological implications of adolescent motherhood, in contrast to nonmotherhood? While much research has tried to deal with these issues, most of it focuses primarily on the young mother by herself and does not examine how she fits into a larger social fabric or assess how she compares with adolescents who are not mothers.

The focus of this research is on black, lower class adolescent girls who live in rural north Florida. The purpose is to compare those who become mothers with those who do not in terms of the organization of their support systems, the development of certain psychological characteristics (anxiety, depression, and self-esteem), and their coping styles.

Contemporary patterns of behavior reflect not only current social and psychological forces but historical trends as well. Thus, understanding adolescent motherhood requires placing it in both its past and present social context. The chapter begins with a brief review of the dominant contemporary perspective which defines it as a social problem. This section also presents statistical data showing the incidence of adolescent motherhood compared with nonmotherhood for both whites and blacks.

The next sections place black adolescent motherhood in a social context by first examining the historical

antecedents of child bearing beliefs and behaviors and then by describing contemporary influences. These sections provide a framework for looking at the organization of lower class black families, the psychological characteristics of adolescent girls, and the interaction of the two. This will form the basis for two arguments: (1) the family structure of the adolescent who is a mother is different from the family structure of the adolescent who is not a mother, and (2) these differences reflect both the psychological characteristics of the adolescents and their coping styles.

At this point, however, it is necessary to introduce a caveat regarding research on black families and black psychological characteristics. Research on black families and black personality is fraught with a number of potential pitfalls that need to be avoided. A long literature exists in the social sciences which accounts for the impact of discrimination against blacks in terms of pathological family structure (Moynihan, 1965) and disturbed personality organization. The latter is manifested in such characteristics as poor self-concept (Deutsch, 1967), high levels of anxiety (Katz, 1969), criminal, delinquent, and addictive behavior (Cavan, 1962), and low achievement orientation (Katz, 1968). A number of researchers have decried this literature as merely representative of the white establishment in that it functions to keep blacks "in their place" by defining their adaptations to white society as inevitably dysfunctional and pathological (Myers, 1980; Rodgers-Rose, 1980). These

researchers' response to this negative image has been to question the assumptions in the literature cited above and to redefine certain behaviors more positively. In effect, it is argued that blacks have positive self-concepts and have developed certain family structures and behavior patterns as positive survival mechanisms against a basically hostile and destructive white dominated environment (Billingsley, 1968; Staples, 1971; Hill, 1972).

A few researchers have questioned both the "all negative" and the "all positive" approaches. Barnes (1972) recognizes that while blacks face the "spectre of white racism from the cradle to the grave" (p. 54), many blacks have demonstrated a remarkable capacity to survive and thrive. He suggests that we need more research to determine the processes by which "racism is absorbed, deflected, denied, combated, succumbed to, and overcome by particular black families and individuals" (p. 72). Clark and Clark (1980) cite data indicating that blacks continue to be involved in a "turbulent struggle for self-esteem, self-respect and racial self-acceptance" (p. 176). They argue that there is a clear desire for pride and self-acceptance and a tendency toward positive self-verbalizations among blacks, characteristics which were not present forty years ago. However, they believe that the realities of American racism and resulting ambivalence and conflict leave the majority of blacks burdened with racial self-doubt.

Parallel to this research, but rarely integrated with it or even cited, are works of fiction and autobiographies

which present a subjective, artistic, personal account of what it means to grow up as a black person in America. In her examination of portraits of black mothers in literature, Wade-Giles (1980) notes that while the predominant themes are of hope and despair, individuals treat these themes with a unique posture for each character. She goes on to argue that such characteristics as despair or distance and joy or warmth cannot exist without each other. "When one is excluded, any comment on the other is incomplete; and being incomplete, it could very well be misleading, if not distorted" (Wade-Giles, 1980, p. 100).

The idea that people engage in behaviors which result in seemingly paradoxical or contradictory effects is neither new nor surprising. Action analyzed on a purely "rational" level may appear to be against the self-interest of the individual involved. Yet this same behavior may also serve to protect the individual from psychological stress or pain (Ball, 1968). The position taken in this research is that adolescent motherhood cannot be understood solely in terms of its negative consequences nor can nonmotherhood be understood solely in terms of its positive consequences. As the adolescent struggles to make decisions about her behavior, there are few clear choices. The purpose of this research is to account for some of the factors which go into the decision and to describe the psychological consequences.

The next section will present the actual rates of adolescent motherhood among both whites and blacks and then compare them on illegitimacy rates. The purpose is to

examine the extent of the problem by looking at trends during the last 15 years.

#### Childbearing Rates of Adolescent Women

Table 1 presents data on childbearing patterns of white and black women age 15-19 from the years 1960-1975. A number of interesting points can be drawn from the table. Despite the fact that the total number of live births among teenage mothers has increased during the period of 1960 to 1975, the actual birth rate among black and white mothers has declined. The increase is explained by the fact that the population of adolescent women grew so rapidly during this period. There were simply many more women available to have babies. However, as a proportion of the total number of women age 15-19, fewer are having babies. The number of these births which were to unmarried women, however, has increased during the same 15 year period. Although the data indicate that the majority of white adolescent women who have babies marry before they give birth, this is less true for black adolescents who become unmarried mothers at higher rates. It is important to note, however, that this high percentage is due at least in part to the rapid decline in the overall birthrate of black adolescents coupled with a leveling of the birthrate of unmarried women from 1970 to 1975. These changes have the effect of increasing the percent of illegitimate rate.

One must conclude that while large numbers of babies are being born to adolescents between the ages of 15 and 19, many more teenagers, both black and white, do not become

Table 1. Childbearing patterns of teenage mothers,  
age 15-19.\*

	<u>1960</u>		<u>1970</u>		<u>1975</u>	
	<u>Black</u>	<u>White</u>	<u>Black</u>	<u>White</u>	<u>Black</u>	<u>White</u>
Birthrate/1000 Women	156.1	79.4	147.7	57.4	113.8	46.8
Birthrate/1000 Unmarried Women	76.5	6.6	96.9	10.9	95.1	12.1
% Illegitimate	49	8.3	65.6	18.9	83.5	25.8

\*The statistics for Table 1 have been compiled from The Social and Economic Status of the Black Population in the United States: An Historical View, 1970-1978. (Current Population Reports No. 80, pp. 117-134). Washington, D.C.: U.S. Department of Commerce.

mothers. Thus, the numbers do not support the popular contention that motherhood is statistically normative for black adolescents. What does emerge from the data is the fact that if a black adolescent has a baby, the chances are extremely high that the baby will be illegitimate. The statistical norm for blacks, though not for whites, is for teenage mothers to remain unmarried.

As will be shown later in this chapter, the fact of illegitimacy has important consequences for both the way in which families respond to the adolescent mother and also for the resources that she brings to the family as part of an exchange system. Whether or not an adolescent becomes part of this system by becoming a mother may influence the development of certain psychological characteristics and coping styles.

Many aspects of teenage pregnancy and motherhood have been researched, with the primary focus being on the various social, psychological, and physical causes and effects (Phipps-Yonas, 1980; Blum & Goldhagen, 1981). Most researchers view adolescent motherhood as a social problem with tragic outcomes for individuals and for the larger society regardless of race. The next section will review the dominant findings and beliefs of social scientists regarding adolescent motherhood.

#### Adolescent Motherhood as a Social Problem

The impact of adolescent motherhood is felt not only by the young mother but by her child, her family, and the larger community. The infants of these young mothers are



considered to be more "at risk" than the children of older parents, primarily because of biological immaturity, poor diet, and less prenatal care. Thus, babies of teenage mothers are more likely to die before their first birthday, be born with birth defects, have low IQs, and be abused or neglected (Nye, 1977). When these babies are born out of wedlock they face the stigmatizing label of "illegitimate" and frequently have inferior social and legal status (Cvetkovich, Grote, Bjorseth, & Sarkissian, 1975).

Teenage mothers often confront equally devastating personal problems, with the younger mothers experiencing the most serious health, social, and psychological difficulties. When a girl becomes pregnant before her last year of high school, her progress toward graduation is frequently terminated (Nye, 1977). For example, Furstenberg (1976) found that pregnant high school age girls were about half as likely to get their diplomas as nonpregnant girls. Often this is due to the unavailability of day care for the infants. Given a lack of education and job experience, these young mothers may also be faced with extreme poverty. In 1973, while 14% of the general population were classified at the poverty level, 31% of the women who became pregnant before age 16 lived below the poverty line. Of those women waiting until age 22 or longer to have their first babies, 11% had incomes below the poverty line (Bacon, 1974). In addition, teenage motherhood alters the relationship of the mother with significant others in her life. The birth of a baby separates a teenage mother from her peers. A hoped for

independence often turns into dependence on welfare and on parents in an effort to cope with social and economic insecurities. Finally, those who marry face the likely probability that their marriage will not last, as the divorce rate for teenage marriages is one and a half times that of the national average (Nye, 1977). Campbell (1968) summarizes generally held beliefs about the effects of teenage pregnancy on the mother.

The girl who has an illegitimate child . . . suddenly has 90% of her life's script written for her. She will probably drop out of school, even if someone else in the family helps to take care of the baby; she may feel impelled to marry someone she might not otherwise have chosen. Her life choices are few and most of them are bad.  
(p. 244)

The desperation inherent in this situation is underscored by the fact that teenage mothers have a suicide rate ten times higher than that of the general population (Cvetkovich, et al., 1975).

While the effects of teenage pregnancy on teenage fathers and on the girls' parents are not as immediate, they are, nevertheless, seen as harmful. Those fathers who agree to marriage often must interrupt schooling and, as a result, take a low paying job to support the family. Young fathers must also deal with divorce and birth defects. In addition, they remain legally responsible for the child until he or she turns 18, or is legally adopted by someone else. Parents must often provide financial and emotional support for the adolescent daughter and grandchild, as the state prefers that women under 18 live with their parents (Nye, 1977).

Since little doubt exists regarding the tragic outcome of early motherhood, the question foremost in the minds of researchers, health care professionals, and concerned citizens is to explain the anomaly of behavior persisting in the face of such negative consequences.

Typically, researchers hypothesize that the causes of teenage pregnancy relate mainly to social and psychological problems such as social deprivation (Cvetkovich, et al., 1975), lack of contraceptive knowledge (Monge, Dusek, & Lawless, 1977), and feelings of low self-esteem (Goldsmith, Gabrielson, Gabrielson, Matthews, & Potts, 1974). Popular beliefs about causality also blame the young mother's alleged desire for welfare payments (Feagin, 1975). However, these explanations are less than completely satisfying as they are insufficient to account for persisting high rates of adolescent mothers.

The particular form which adolescent motherhood takes among blacks has its origins in the historical experiences of blacks in America. Adolescent motherhood and family and community responses to it are not recent developments among blacks. The patterns were established long ago and present day behavior can only be understood in the light of these past experiences. As will be shown, the past and the present are connected by the twin threads of racism and poverty. The next sections of this chapter will place adolescent motherhood first in its historical context and then in its contemporary setting. The purpose is to try to give a more

complete answer to the question of why so many babies are born out of wedlock to black adolescents.

### The Historical Setting

The historical experiences of blacks in America set the parameters for childrearing beliefs and behaviors. The historian C.L.R. James (1970) has written that slaves brought with them the contents of their minds and memories and a value for things taught to them in their lives in Africa. Mintz and Price (1974) argue that "deep level cultural principles, assumptions and understandings . . . shared by the Africans in any New World colony may have functioned as a limited but crucial resource in the way in which they adapted to the New World and forged new institutions" (pp. 68-69). Such cultural resources included traditions of community and familial cooperation, interdependence, and collective responsibility (Hale, 1980). Among people with a marginal and unpredictable existence, such patterns would support the development of strong extended family and quasi-familial ties as well as collective care for children. Gutman (1976), in his remarkable account of slave and post-slave family life among Afro-Americans, has described a number of characteristics which were typical for blacks. Distinctive practices included both motherhood before marriage and intimate involvement of the larger kin group. Another practice of referring to nonblood community members as "aunt" and "uncle" could make such kin groups quite large. Thus, in the face of uncertainty regarding the stability of nuclear family units to care for children, the

extended family could be counted upon to ensure the survival of these children. Gutman has argued that migration patterns, welfare regulations, and urban unemployment insured that such family characteristics would endure well into the 20th century.

This has, in fact, been the case. Several researchers have done detailed participant observation studies among lower class black women which describe similar forms of social organization in both rural and urban settings (Ladner, 1972; Stack, 1974; Dougherty, 1978). What they describe is a pattern of cooperation and aid among kinfolk which centers on the domestic cooperation of adult females and some exchange of goods between male and female kin. Stack (1974) notes that the powerful obligation to exchange among lower class blacks is in striking contrast to the middle class ethic of competition and individualism.

Caring for others' children, whether kin or not, has developed into a significant role for black women (McCray, 1980). Hill (1972) notes that the black mother is far more likely than her white counterpart to absorb others' children. He found that in two parent families, 3% of white and 13% of black respondents absorbed children under 18 who were not their own. In female headed households the figures are even more striking: 7% of whites and 41% of blacks had youngsters under age 18 living with them who were the children of relatives. The willingness of blacks to absorb and care for others' children, particularly those of relatives, has been cited as one of the major strengths of black

families (Myers, 1980). This form of child care has its roots in demands for survival in a poverty stricken and racist environment, and in a strong sense of caring and social responsibility.

The domestic exchange system and the willingness to care for other's children have their roots in the slave experiences of Afro-Americans. As will be shown in subsequent sections, they are key social supports for unwed mothers today. Just as earlier forms of these patterns were supported by the framework of slavery, so contemporary forms are supported by racism and poverty. The next section briefly describes two of the most salient manifestations of racism and poverty which have particular significance for the domestic exchange system and caring for others' children.

### The Contemporary Setting

One of the major external motivators in American society has been the assumption (and for some the reality) that if one gets a "good" education, then a "good" job will follow. For lower class blacks, however, Dougherty (1978) argues that the educational process, in reality, is fraught with a "self-sustaining pattern of mismatched expectations" (p. 35). Lower class black students and their teachers engage in what amounts to a negative self-fulfilling prophecy. She says that by expecting blacks to have trouble or to fail, teachers often set low expectations. Black children then tend to lower their own efforts. Schools respond with remedial efforts which leave students with inadequate

knowledge and skills. By the time they are in high school, many black students lose interest in academic content and instead turn to peers and extended kin for support. As will be seen in the next two sections, for women, children often become the keys to status and authority and play a central role in establishing one's place in the domestic exchange system. This is partly because the educational system often fails these young women, leaving them vulnerable to economic hardship through the lack of occupational skills and through early experiences of failure.

A second external factor which sets parameters on the behavior of lower class black women is a welfare system whose effect is to maintain persons at a subsistence level within poverty rather than providing incentives to get out of poverty (Beeghley, 1983). For those on welfare, disaster is only a step away. Welfare regulations prohibit the accumulation of any capital which might, for example, allow a woman to hire childcare so she can look for a job, facilitate moving where jobs exist, improve a seriously rundown house, or pay for dental care. Poor people live in a state of extreme economic precariousness. For some, especially those without skills and education, welfare may be more dependable than work; so people make a wary peace with the intrusions of welfare workers (Dougherty, 1978). While most people who go on the welfare rolls are there only for short periods of time, there are some who become highly dependent, primarily on Aide to Families with Dependent Children (AFDC) (Beeghley, 1983). These include blacks with low education

and no work experience and who often are young mothers with young children. But welfare is also inadequate to meet on-going needs for nutrition, shelter, utilities, and clothing, in short, the necessities of survival anywhere above a sub-marginal existence. These economic realities have encouraged the development of alternative strategies and resources. For poor black women, these strategies and resources have centered in a domestic exchange system that involves the provision of cooperative support among black family members to insure their own survival. As will be shown in the remainder of this chapter, this situation sets up a paradox which catches individuals in a double bind between the requirements for mobility and the requirements for belonging to one's support group. The point is that for some, unwed motherhood has emerged as a survival strategy. A question is whether those who become mothers with the resultant extensive familial involvement develop different psychological characteristics and coping styles from those who do not.

#### The Domestic Exchange System

Ladner (1972), Stack (1974), and Dougherty (1978) all describe a domestic exchange system which provides economic, social, and psychological support for poor black families and this section is based on their research. The system facilitates the exchange of economic resources among members, allows the sharing of information, and provides general emotional support and a sense of communality.

The cornerstone of the domestic exchange system is children. On the one hand, by having a number of kin



responsible for the rearing of children, the group insures that in times of hardship children will be cared for, socialized, and loved. In short, they survive poverty because individual members become attached and committed to each other. At the same time, however, the circulation of children among kinfolk serves to encourage the distribution and exchange of limited resources. It does this by obligating kin to one another as they care for each others' children, share any resources they have, and use the resources that come with the children (such as AFDC). When a young mother becomes immersed in this network, she insures the survival of herself and her children. While individual families may display some variation from the pattern, the next few paragraphs describe how the network typically works.

After a young mother gives birth to her first child, she returns to a home where family members are prepared to grant her the rights and obligations of adulthood. Nevertheless, the older women maintain control of the household while giving the young mother greater opportunity to share in decisions and responsibilities. At first, a teenage mother rarely assumes full responsibility for her child and is observed by older women to insure that the baby is not neglected. Advice is freely given and expected to be heeded. While sharing room and household obligations, the young mother also shares the raising and nurturing of her child. Often considered not emotionally ready to nurture a child, the mother permits others (her mother, sisters, aunts) to become "mama" to the child. If she is considered

not ready to assume any of the responsibilities of mothering, the entire responsibility for the child may be given to another family member. This may permit the mother a lengthier adolescence and also insure that the infant will be nurtured.

The presence of a child in the family guarantees that any resources coming into it will be shared. These might include gifts to the baby, welfare payments, and income (earned by mother who is now obligated to her kin or by others who are obligated to the baby and mother). In return for being supported and for the support of the child, the young mother may have to assume a number of adult domestic responsibilities, including cleaning, cooking, and sharing childcare responsibilities. Childcare services become a mechanism for obligating others in the future.

Women expect fathers and boyfriends to give to their children, but they do not count on this help. With no help, a father has virtually no rights in his child. The expectations regarding help from his mother or sisters, however, are better defined. Paternal kinswomen are expected to help and thereby widen the exchange system to everyone's benefit.

There are two threats to the domestic exchange system: socioeconomic mobility and marriage. This is because the success of the domestic kin groups depends on stability of membership: individuals enter the group and remain to fulfill expectations and obligations. Kin fear the loss of resourceful members who are central to the group. Those kin who cannot be counted on are severely criticized.

When considering the prospect of mobility, lower class black women seem to be placed in a peculiar double bind which leaves them confronting the strong possibility of serious losses no matter which direction their life moves. At the minimum, striving for mobility means some degree of hard work and self-sacrifice to remain in school and achieve the skills which would help get a job. It also means trying to keep meager resources for personal rather than collective use. Yet the role of hardworking women tends to be viewed as one which ultimately ends in disillusionment and despair. The world is full of hardworking women who have little in material terms to show for their work. In brief, few role models are available who have improved their economic existence. Thus, persons who would attempt job mobility must seriously consider whether the possible gain in economic security from a job is worth the loss of the security of kinfolk. Young black women know that striving for education and upward mobility is an extraordinarily difficult process with no guarantee of reward. Becoming a mother closes opportunity, but for these young women that opportunity may not appear to offer very much security. Adolescent motherhood at least seems to insure that a young woman may become an adult with a sense of belonging to a kin group which both supports and needs her. That belonging becomes both predictable and secure. A mother may relinquish hope for herself, but she does not give up hope for her children.

In her autobiography, Mary Mebane (1981) poignantly describes what it means to face this dilemma and the personal

cost involved for choosing to try to use the educational system as a means to upward mobility. As she came to value learning as a means to resist her "lot in life," she began to grow apart from her family and her community. For the most part, she was discouraged by others from daring to be different from them. The sanctions were so severe and so psychologically devastating that eventually there was a mutual cutting of ties which left Mebane feeling like an outcast wondering what she had "done wrong" to lose so much. Mebane achieved in ways which many poor blacks do not, but she still carries with her the pain of what it cost her to change. It is a price many young women simply cannot afford.

The exchange groups also face the loss of members to marriage, with its built-in willingness to place spouse and family above extended kin. Stack (1974) states that participants in networks will try to break up romantic relationships. A man's kingroup views his girlfriend and her children as competition for his meager resources, so he is pressured to avoid long term ties with a women. She senses not only his economic insecurity but the demands made on him by his family. Not only does she experience similar demands from her kinfolk, she also comes to believe that she probably cannot count on him as much as on her own people. Furstenberg (1981) has noted that young, single mothers receive much more help from their families than married mothers. He believes that the two systems (family vs. conjugal) are competitive rather than complimentary. So often,

the pull is stronger to remain with one's family than to risk a new arrangement.

"Survival demands the sacrifice of upward mobility and geographic movement and discourages marriage" (Stack, 1974, p. 125). The strength of the pressure to stay in domestic exchange relationships highlights the uncertainty, hardship, and possible personal devastation faced by lower class black women who consider trying to change their situation. People are afraid to leave, both because of what they will lose and because of the uncertainty of the gains. The result is a "conflicting sense of obligation and sacrifice" which leaves women at times feeling as if they were nearly "possessed" or controlled by their kinfolk (Stack, 1974, pp. 35-36). Stack adds that women want to give the impression they are both generous and successful manipulators within their families without admitting their simultaneous dependency on that family.

The adolescent who becomes a teenage mother probably enters this system at best only dimly aware of what is happening to her. Although it is a system which both supports and limits her, having a baby insures that she will participate in it and belong to it. For many, there is little else which offers that kind of security.

The domestic exchange system has developed in response to demands of poverty and racism: it is a form of social organization which permits collective support and survival for the individual. There is considerable pressure for young mothers to participate because of uncertainties in the

current social situation (poverty and racism continue to exact their toll) and because of internal pressure from some segments of the lower class, black community to maintain existing forms of social organization. But it also seems to place participants in a double bind: a personal dilemma in which choices affect chances for mobility and chances to belong and be accepted and supported by the group. As has been discussed, the system revolves around unwed motherhood. But adolescent pregnancy and unwed motherhood have meaning apart from their relationship to the domestic exchange system. They reflect more personal needs for status, love, and affection, and even continuing optimism in a harsh world. The next section will consider these issues.

#### Becoming a Mother

A theme in the previous section has been that black adolescent females are confronted with difficult choices which affect the course of their adulthood. The choices have no simple, right answers but rather place the girl in a highly ambiguous situation. This ambiguity continues to be reflected in the more personal meanings of motherhood. These meanings, which will be explored in this section, include the significance of motherhood as a rite of passage, as a mirror of needs for love, and as a symbol of hope.

Having a baby is a rite of passage which marks the transition from childhood to adult status. While adult status can be earned through other means such as education and employment, these are more tenuous and occur later and more gradually than motherhood.

Rites of passage generally involve some form of hardship and initiation before the young person is accepted into her new status. Pregnancy and delivery serve this purpose. Both Ladner (1972) and Dougherty (1978) note that the pregnancy of young adolescents is met with ambivalence by their elders. Adult women frequently respond with merciless tirades designed to elicit shame. But when the girl accepts her low status and insecure position, the tirades generally subside. This paradox of an angry but supportive mother is reflected in the adolescent's perception of her situation. Held (1981) found that pregnant, black adolescents perceived their mothers as very disapproving of them yet ranked their mothers as more important than anyone else and turned to them for support. As the pregnancy progresses, families become supportive (La Barre, 1972). Older women share experiences and try to lighten the burden the girl bears.

The passage to adulthood continues throughout the pregnancy. As the time for delivery approaches, the girl often drops out of school, thereby limiting her opportunity for the camaraderie of peers (Ladner, 1972; Dougherty, 1978). However, this is in direct opposition to what the girl expects. Held (1981) states that she explicitly expresses plans to remain in school or to return to school after the birth of her baby. What most frequently happens, however, is that as she is permitted more adult privileges such as staying out late and being less accountable to her mother for her time, the ties to school are weakened. After the birth of the baby, if she does not relinquish full care of

the baby to someone else, she will probably become an active participant in the domestic exchange network. Her status is elevated from girl to woman (Furstenberg, 1981).

An active sexuality and ultimate pregnancy also seem to be a means for the adolescent to gain a feeling of being loved and needed by someone. Mebane (1981) describes most lower class blacks as hostile to the notion of celibacy. Men and women are meant for each other as part of the natural flow of life. She suggests that often physical intimacy is the only form of intimacy people have. Girls report that sex provides a sense of belonging and of being needed. It allows a sense of identity and utility not provided by roles of daughter or student. Courtship can be an escape from the demands of school and home. Having children is perceived by both male and female adolescents as promoting personal security and approval from others with females feeling social pressure to have children (Thompson, 1980). The avoidance of relationships with men signals a willingness to try to maintain innocence and to some extent immaturity, for it is the "mature" girl who learns to deal with men. Again, the double bind is evident: to leave one's life chances more open and fluid, a girl must be willing to behave in ways which are defined as immature and be willing to forego some acceptable forms of intimacy.

It is important to remember that for the most part, as described in the previous sections, with or without babies, the life chances of these young adolescent girls do not look particularly promising. Within this context, babies assume



an important symbolic meaning. In his series, Children of Crisis, Robert Coles (1964) quotes a black woman who has migrated from Georgia to Boston on the subject of children. She emphasizes that babies symbolize hope and freedom. In a world which seems bleak to adults, babies represent the chance that things might get better: a child might still get some opportunity denied adults. This woman adds that even without children, life would be bad and that for a while babies give something wonderful: a sense of optimism. Furstenberg (1981) states that babies solidify families, pulling in members who perhaps were less involved and sometimes reaffirming the position of the grandmother. The incongruities which confront the black adolescent as she begins to participate in or remain apart from the domestic exchange network are also present as she sorts through the more personal meanings of pregnancy. She cannot reach the elusive goal of adulthood through motherhood without going through a period of shame and humiliation. Even when she reaches the goal, the unconditional triumph of new motherhood is ephemeral at best. Finally, the hope she places in the baby may also signify a loss of hope in herself. The girl who avoids motherhood may likely find herself labeled immature and feel herself missing some important, intimate relationship. She may also be less certain of her family's support. Yet, at the same time, she leaves herself more open to a variety of life chances because a baby has not tied her into an intense family network.

What is important is that it appears that the girl who becomes a mother will feel differently about herself than the girl who does not become a mother because of the way each fits (or does not fit) into the fabric of her family and because of the way in which the girls cope with the problems with which they must deal as they move into adulthood.

### Dilemmas of Motherhood

The purpose of the previous sections was to describe the complex mosaic of social and historical factors which impinge on the lower class black adolescent female and influence the choices she makes, particularly with regard to motherhood. Adolescent motherhood has been defined as a social problem with far reaching negative implications and outcomes. Yet for the black adolescent girl, these implications and outcomes are less clear cut. In reality, none of these factors are easily pigeonholed as all positive or all negative, but rather, both extract costs and give benefits. Motherhood channels the life of an adolescent into a direction different from that of an adolescent who does not become a mother. The point, however, is that neither channel is a particularly smooth course.

Before considering the direction these differences might take, it is necessary to summarize some of the common themes which run through the lives of these young women. Mebane (1981) comments that her generation (who are the mothers and grandmothers of present day adolescents) is part of the last generation born into a world of total segregation

especially in the southern United States. That world fixed black people at the bottom of society in all aspects of life. It was a world without options, unchanging, so it seemed to most, forever. She continues that most white Americans have never lived with constant terror. Blacks, however, have learned to cope with the psychological terror of segregation which meant that the laws which maintained them at the bottom of society were violated at personal peril. It is women whose lives were shaped by these experiences who are teaching and socializing their children to survive today. Mebane suggests that survival in that world depended on not knowing, not seeing, and certainly not saying anything at all about feelings of rage and pain. She saw those feelings directed towards families as much as towards community. To describe what one saw, particularly when it might seem negative or judgmental, was possibly to incur the wrath of the family and become an outcaste. Thus, often acceptance and survival meant denial and repression of what one saw and experienced. Parents knew that to respond otherwise might place their children in great personal danger. Poissaint and Atkinson (1970) state that traditionally blacks learn passivity as a survival technique; the message parents convey to their children is not be "unreasonable" or "too sensitive." However, they argue that learning passivity does not negate the need that people have to assert themselves and control their environment. Depending on the individual's circumstances, such needs might be expressed by "substituting an opposing emotional

attitude" (p. 120), by turning aggression outward (e.g., delinquency or social protest). The next several paragraphs will consider how these characteristics might be expected to manifest themselves in the personalities of the adolescent female.

While the world of total segregation no longer exists, it is important to note that most of the young women who will be subjects in this study were socialized during their childhood in a largely segregated world, an environment not that radically different from that of their parents. Thus, one would expect the coping skills learned by parents to be passed on to their children. School integration as well as integration into business and social events did not come until the late 1960s. Much integration today is more perfunctory than real. Stack (1974) and Ladner (1972) both describe a contemporary world in which poverty, racism, and school problems continue to be social givens for many lower class black adolescents. While blacks may no longer literally fear for their lives, they often still find themselves discriminated against and encouraged by whites to remain at the bottom of society. These writers argue, in contrast to Mebane (1981), that strength and maturity and a positive sense of self-worth grow from tribulation and that black families and black social systems support this growth.

What emerges from these writings is a picture of adolescence in which pain, fear, disappointment, and anger may underlie the coping skills of these young women. This portrayal does not deny that many black families are also able

to transmit a sense of strength and self-worth to their children. It simply means that the realities of racism and discrimination may foster other characteristics as well.

Adolescent motherhood gives a girl the status of adult, a role which most adolescents desire, but with ambivalence. She is following a pattern which, although recognized as one with hardship, is also one which is familiar, accepted and supported. In a world filled with uncertainty which can threaten survival, pregnancy places the young woman in the protective care of her kinfolk, those people who, for her, are most reliable and predictable. Within this group, she can be secure in her place; the pattern of her life is established. In return for its support, the group expects loyalty, a characteristic which makes future efforts at altering the pattern extremely difficult and risky. In a sense, the girl forfeits her future for the security of today. The adolescent mother experiences a number of double messages. While her pregnancy and motherhood are supported, she must first go through a rite of passage involving some humiliation and affirmation of her dependency. After delivery of the baby, she may become an active partner in the network, but should she try subsequently to alter her position, she will find that the response of members may well be jealousy, anger, and fear.

The young mother's response to these double messages seems generally to be one of compliance and docility. The significance of her dependency, fear, anger, and depression become denied and forgotten (repressed) as described by

Mebane (1981). Ostensibly she rejoices at the birth of her baby and finds pleasure from the loving concern of her family and from her full acceptance into her kinship network. At best, adolescent motherhood is very passive control: what Janeway (1980) refers to as the "power of the weak." The young mother's power derives not from any sense of personal mastery but through her place in the group, from the fact that by her docility and acceptance of things as they are, she affirms the "rightness" of the ways of the group. She avoid anxiety by following traditions and by not risking failure. Any needs for hope and optimism can be placed onto the infant.

When considering the adolescent who does not become a mother, it is important to remember that this does not mean that the young woman will necessarily finish school, get a decent job, marry, or be upwardly mobile. It merely means that she postpones closing her options regarding the possible direction of her life for a few years, or for the time she does not get pregnant. However, the acceptance of prolonged adolescence or the avoidance of precipitous adulthood does imply the possibility of increased education and mobility. Rather, it implies unwillingness to settle into a prescribed role, and a reluctance for the sort of pseudo-independence that occurs when one becomes an adult "too soon," e.g, free of childhood restrictions and dependencies but dependent on kinfolk and on the state for economic survival. Breaking the pattern of adolescent motherhood gives

the girl the option of taking more active control of her environment.

Leaving oneself open to options is a leap of faith and confidence in oneself which is made easier by the clear support of the family. Since, as explained previously, such clear support often is not forthcoming, the price of choice may mean turning her back to some extent on kin and community. Moving out or changing will not win clear support of the group. In fact, it may earn animosity and leave an adolescent in a lonely and vulnerable position. Such a young woman may well find herself experiencing some anxiety. The maintenance of hope and optimism in such a situation will be difficult. With a baby it can be projected onto the infant. Without a child it must reside in oneself.

#### Previous Psychological Research and Hypotheses

Although a small body of research exists which investigates some of the personality characteristics of pregnant adolescents, fewer studies examine such variables after the adolescent has become a mother. One problem with this literature is that the analyses tend to suffer from defective designs: often race is not controlled or no control groups of nonpregnant adolescents are included. With few exceptions, studies also tend to focus on single variables such as self-concept rather than examining the complex mosaic of the subjects' lives. Nevertheless, it will be seen that previous works do offer some support for the hypotheses subsequently described.

Several studies focus on self-concept and ego functions. Utilizing an all black sample, Barglow, Bornstein, Exum, Wright, and Visotsky (1968) suggest that all of these problems mean that the adolescent would experience difficulty with self-object differentiation and in developing ego boundaries. In a similar vein, Gottschalk, Titchner, and Piker (1964) found that pregnant girls of both races lacked the development of autonomous limit-setting functions and experienced permissive superego and ego ideals. Other researchers (Lindeman, 1974; Abernathy, Robbins, Abernathy, Greenbaum, & Weiss, 1975; Shiller, 1974) argue that pregnant adolescents have a low sense of self-esteem, but they do not compare their subjects with nonpregnant adolescents. In contrast, Zongker (1977) uses a nonpregnant control group and presents a more complex picture. He summarizes his findings in the following way.

The self-concept instrument revealed that school age (pregnant adolescents) exhibited poor self-esteem, feelings of inadequacy and unworthiness, and were decisively more dissatisfied with their family relationships and physical bodies. There was more conflict, unrealistic overcompensation, instability and defensiveness on the part of these subjects, as well as indications of maladjustment and personality disorders. (p. 485)

Interestingly, he notes that the pregnant subjects tended to deny all the negative aspects of their self-picture and overaffirm the positive aspects. This research implies that at the minimum the pregnant adolescent experiences poor self-esteem and conflict in her interpersonal relations. What is unclear is whether this reflects ongoing psychological



problems or is merely a reaction to the stress of pregnancy and impending motherhood.

Two studies of adolescents after the birth of their babies present more optimistic findings. Colletta, Hadler, & Gregg (1981) studied the coping responses of black adolescent mothers. These young mothers had children ranging in age from two months to two years. The researchers found that by 13 months after the birth of the babies, only mild strain existed between the adolescent and her mother. Most commonly, when confronted with a task oriented problem such as child care, housework, or living arrangements, the adolescents would directly request assistance from their families. Thus, rather than relying on individual efforts they utilized their support networks. However, when confronted with problems of an interpersonal nature, the adolescents coped through avoidance of the situations. If the problems involved strain with institutions such as school or welfare, the young mothers would redefine the problem as not important. Those mothers who had active coping strategies and supportive family networks were also those with the highest self-esteem.

In another study of predominantly black subjects, La Barre (1972) found that mother-daughter conflicts abated after the birth of the daughter's baby. She too found that those with network support were more likely to feel responsible for the baby and more likely to assume an attitude of interest and warmth toward the child. La Barre believed that this was

evidence of developing maturity and adequate coping skills among the young mothers.

Although the pregnant, black adolescent may be characterized by a low sense of self-esteem, weak object relations, and impaired ego functions, the birth and rearing of the baby within a supportive family network can allow the young mother to develop a stronger personality. A central thesis of this study is that black adolescent girls become enmeshed to varying degrees in family networks which influence coping styles and certain psychological attributes (e.g., anxiety, depression, and self-esteem). The literature suggests that young mothers find a great deal of support within their family structure but that there is also pressure to remain in the family to provide valuable resources rather than using them for mobility. A possible effect is to limit the range of coping skills available to these young women to generally passive styles and thereby keep them dependent on and tightly tied to their families. Limited coping skills, dependence, and a loss of mobility may contribute to depression and low self-esteem. In contrast, those adolescents who do not become mothers should have a more positive sense of self-esteem. However, they may also experience more anxiety than adolescent mothers, perhaps because of the uncertainty of their support system.

On the basis of this review of the literature, three hypotheses are proposed for analysis.

1. Black adolescent mothers will be involved in larger and denser kinship/friendship networks than black adolescents who are not mothers.

2. Black adolescent mothers will experience lower self-esteem, greater depression, and less anxiety than black adolescents who are not mothers.
3. The coping style of black adolescent mothers will be more passive than the coping style of black adolescents who are not mothers.

The next chapter will present the methodology used in this research. This includes a description of the sample, an elaboration of the variables and the instruments to measure them, and the statistical procedures.

## CHAPTER TWO METHODOLOGY

This chapter describes the methodology used in this research. It includes a discussion of the issues involved in data collection and a description of the subjects, the instruments to measure variables, and the data analysis.

### Data Collection

The subject of this research, adolescent motherhood, creates some interesting problems for data collection. It is much easier to find groups of pregnant teenagers and new mothers than it is to find groups of mothers whose children are at least six months of age. Pregnant teenagers are often involved in special programs, while new mothers are generally in the hospital for a few days. Thus, both are, in some sense, "captive" groups which provide relatively easy accessibility for researchers. With mothers, however, data collection is far more difficult. Unless the researcher is willing to go into the community and spend a great deal of time ferreting out subjects, health departments and other medical facilities must be the primary source for participants.

The major research projects dealing with black adolescent motherhood exemplify the various data collection options and their limitations. Ladner (1972), Stack (1974), and Dougherty (1978) all were participant observers whose

insights form a holistic picture of their subjects' lives and whose information can encourage the development of hypotheses. However, their work is not quantitative. They describe the life styles of their subjects, general patterns of community support, and the social exchange networks of family and friends.

In contrast, Furstenberg's (1976) research was built on a quantitative base consisting of over 400 initial interviews and follow-up during a five year period. While he looks at many variables, they are largely social structural in nature. He uses his data base to raise important, but unanswered, psychological questions which, like the case studies, serve as a basis for the hypotheses in this research.

Colletta et al. (1981) collected her data in the public schools with a questionnaire administered one time. Her research is quantitative and considers psychological variables, but she is mostly concerned with only one aspect of black adolescent motherhood: coping styles. She related coping to social support and self-esteem. While her research is methodologically sound, she did not conceptually integrate her findings with other research on black adolescent mothers to build, on a quantitative base, a more complete account of black adolescent motherhood. In essence then, while she has taken the first step, much more work needs to be done.

The data from the present research are used to build on previous research. The goal is to test with quantitative data

some of the hypotheses implied in the other studies and to begin to integrate the findings. Like the research cited above, these data are from a nonprobability sample.

Data from the nonmothers who participated in this study were obtained through the public schools, and this locale also posed special problems. For example, school officials did not want to single out black students so data were collected from groups of black and white girls in their physical education classes. In addition, school officials were adamant in their refusal to allow any questions to be asked about sexual behavior, thus eliminating the opportunity to gain relevant information.

Data from mothers were obtained from patients at well-baby clinics conducted by the Public Health Department. Many poor women attend these clinics for themselves and their children. Data were collected from mothers one subject at a time, a process which took several months.

There is no reason to believe that the difference in data collection (group versus individual) caused any variability in results. All subjects heard the same verbal explanations of the consent forms and of the nature of the study. They were given the opportunity to ask questions and to refuse to participate in the study. With the exception of the network density data, subjects appeared to have little difficulty with the questionnaire. Many subjects had trouble understanding what was to be done with the mapping. Often, they were shown a demonstration map and had to be told it was okay to have as many lines as they did. Thus,

the tenets of "good" research procedure were not always followed in the sense that the demand characteristics for this particular variable and the explanation of the study varied as the subjects' need for explanation varied. What is important, however, is that these explanations facilitated more accurate data collection which is, of course, intrinsic to good research.

### Subjects

Subjects for this study were volunteers drawn from a six county, rural area of north central Florida. They were not participating in psychotherapy nor were they under the care of a physician for a major illness. Data have been collected on 118 subjects: 50 mothers and 68 nonmothers. The adolescents were between the ages of 14 and 20. Those who were mothers had at least one child over six months of age. Presumably, with a child at least six months of age, the young mother will have settled into her role as a mother and not be responding in terms of the significance of recent delivery. Pregnant adolescents who have no other children have been excluded because the focus of the research is on the significance of motherhood and not on pregnancy. The demographic characteristics of the subjects are presented in the next chapter.

### Variables

In addition to the major variables in the hypotheses stated in the previous chapter, a number of demographic variables have been collected. These include the subject's age, marital status, number and age of children, education,

occupation, and use of birth control. These data provide important descriptive information about the sample and facilitate comparisons with other research.

The major variables identified in the hypotheses are the following: social networks, measures of mental health (self-esteem, depression, and anxiety), and coping styles. Each will be elaborated in the remainder of this section.

#### Social Networks Measure

Social networks are examined using a technique developed by Hirsch (1979a, 1979b, 1980, 1981a, 1981b). Social networks are defined as "the set of presently significant others with whom one has social interactions" (Hirsch, 1979a, p. 264). These significant others might include family, friends, and work associates or professionals (e.g., physician, clergy). The measure focuses on dyadic relationships between the subject and individual network members and on the more inclusive relationships among network members themselves.

Subjects are first asked to list up to 20 significant others with whom they have had contact during any given 4-6 week period. Contact might be in person or by phone or letter. "Significant others" are those persons who have been sources of support, encouragement or guidance for the subject. Responses are categorized according to whether or not they are family members or relatives, friends, or professionals.

Next, subjects draw a support system map. Each person is given a sheet of paper with the word "map" at the top.



She is instructed to put her own name in the middle. Then she adds the names of the individuals on her Social Network List. She puts closest to her own name the names of the persons with whom she feels closest. Subjects are then asked to draw lines between those individuals who have relationships with each other (see Appendix B).

Network density refers to the degree of integration among the members of an individual's support system (Hirsch, 1979a). As defined by Hirsch (1979a), density is expressed as a proportion of the total possible number of such relationships. Network density is computed using the list and the relationships specified in the map. The formula for computing the density of the overall social network is as follows:

$$\text{density} = X / (N(N-1)/2),$$

where X = the number of actual relationships between members of the subject's social network and

N = the number of people in the subject's social network.

The formula for the nuclear family-friendship (NF-F) boundary density is as follows:

$$\text{NF-F boundary density} = X(\text{NF})(\text{F}),$$

where NF = number of nuclear family members,

F = number of friends, and

X = number of relationships existing between the nuclear family members and the friends.

### Measures of Mental Health

Self-Esteem. The variable self-esteem has a long history in psychology and a number of instruments exist to

measure the concept. For purposes of this research, self-esteem refers to the evaluation an individual makes and maintains about herself. As described by Coopersmith (1967) it "indicates the extent to which the individual believes [herself] to be capable, significant, successful, and worthy" (p. 5). The Coopersmith Self-Esteem Inventory (CSEI) has a number of characteristics which make it appropriate for older subjects as well (Robinson & Shaver, 1973). Thus, it is simple to administer and adequate for the age and educational level of subjects in this study. Although standardized on white subjects, the CSEI has been utilized and found to discriminate among blacks (Getsinger, Kence, Miller & Weinberg, 1972; Burbach & Bridgeman, 1973).

According to Coopersmith (1967), the CSEI is a 58-item self inventory scale which includes eight items serving as a lie scale and not included in the scoring. Statements relate to four areas of the adolescent's life: family, peers, self, and general social activities. Test-retest reliability over a five week interval was .88; over a five year interval and using a different sample, test-retest reliability was .70. The scale's validity has also been tested in several ways. Coopersmith used a Behavior Rating Form completed by the teachers of his subjects to compare with the subjects' own subjective rating. Extreme divergence occurred in less than 10 percent of the cases. Getsinger et al. (1972) correlated the CSEI with the Soares scale and with a derived picture test. They report correlations of .63 and .60, respectively.

Anxiety and Depression. These variables are measured by a general self-report, 70-item symptom inventory, the Hopkins Symptom Checklist (HSCL). Due to objections from public school officials, one question on sexual feelings was eliminated. As described by Derogatis, Lipman, Rickels, Uhlenhuth & Cori (1974), five factors have been extracted which, in addition to anxiety and depression, include somatization, obsessive-compulsive rumination, and interpersonal sensitivity. This scale has high reliability on internal consistency measures (.84-.87), test-retest measures (.75-.84), and interrater measures (.64-.80). Criterion and construct validity have also been demonstrated. The measure has been shown to be valid for normal and clinical populations and across SES levels. Subjects can be evaluated on their scores on each of the five factors or on a total symptom score for all five combined with equal weightings.

### Coping

Coping refers to "any response to external life strains that serves to prevent, avoid, or control emotional distress" (Pearlin & Schooler, 1978, p. 3). Pearlin and Schooler suggest that coping refers to things which people do to deal with their life strains. They define three major types of coping responses which are separated according to their functions. The first involves some sort of direct action which alters or eliminates the situation from which the stress arises. This might involve negotiation or advice seeking as well as actually physically doing something. The

second type of coping response is typically also the most common. It controls the meaning of the experiences in the individual's cognitive experience and thereby reduces threat. This might involve devaluing or trivializing the experience, selectively ignoring it, or making positive comparisons with others. The third form of coping response controls stress after it has emerged. This is a very passive response designed to manage suffering. It tends to make endurance a moral virtue and equate avoidance with problem solving. Tactics include telling oneself to relax and take the bad with the good, to accept the hardship and go on, and that time solves all problems. Lazarus (1966) has defined a fourth response which he states is used when the situation is totally overwhelming: avoidance or withdrawal.

In their work on the relationship between coping and stress among black adolescent mothers, Colletta et al. (1981) devised their measures of coping based on the work of Lazarus (1966) and Pearlin and Schooler (1978). They found that black adolescent mothers experience stress in three problem areas: interpersonal relations, concrete or task oriented problems, and institutional relations. This research will focus on the same three problem areas. Responses are phrased to reflect the four types of coping just described. However, questions are posed in terms of what the respondent does instead of what she would do.<sup>1</sup>

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1. Colletta used the hypothetical form of question in her original research. In personal communication (October 15, 1982) she recommended using a more direct form of question.

Questions will also deal with more specific problem situations within the three major areas than in the Colletta et al. (1981) research. The response format is similar to Pearlin and Schooler's (1978) in that subjects are presented with a description of a particular stressful situation. Possible responses to the stress are then listed and subjects check whether they always, often, sometimes, seldom, or never respond that way (see Appendix A).

### Data Analysis

The first part of the data analysis consists of a description of the mothers and nonmothers using the demographic data. The next part presents the hypotheses, the tests, and their results.

The first two hypotheses, which relate to networks and to the measures of mental health, are tested by the difference of means test. The test statistic is the *t* score.

The third hypothesis refers to variability in the coping styles of mothers and nonmothers. Before testing the hypothesis, a conceptual problem regarding the first coping style must be examined. Pearlin and Schooler (1978) define this style as an active one which alters or eliminates the source of strain. What is unclear is whether or not this style includes physical (active) withdrawing from the stressful situation, an act which might, indeed, eliminate the source of strain. Lazarus (1966) implies that withdrawal is used primarily when the situation is overwhelming. In their research on adolescent mothers, Colletta et al. (1981)

treat the two responses as conceptually different and view withdrawal as a "passive" response.

In this research, withdrawal is addressed by such responses as dropping a class, quitting school or a job, and moving away from one's family. To determine whether or not these responses significantly alter the scores on the first coping style, mean scores including and excluding the withdrawal responses have been calculated. This is done for each of the three areas of stress. Then the difference of means test using t scores is used to determine whether the scores are significantly different.

The third hypothesis is considered in two different ways. First, using the difference of means test, mothers and nonmothers are compared within each of the three problem areas on each of the coping styles. The prediction is that mothers will score significantly higher than nonmothers on the third coping style which is the most passive. Mothers are expected to score significantly lower on the first coping style which is most active. No differences are predicted on the second coping style which involves cognitive redefinition of the situation.

As will be seen in the next chapter, the mean age of the mothers and nonmothers is different. Therefore, for each group (mothers and nonmothers), correlation coefficients have been calculated between age and the dependent variables to determine if differences might be more related to age than to motherhood. These results are given in Chapter Three.

A number of statisticians (Agresti & Agresti, 1979; Hays, 1973; Blalock, 1972) stress the importance of using statistical procedures appropriate for both the data and the hypotheses. Agresti and Agresti (1979) particularly caution against the use of complex but inappropriate techniques which are made "easy" to use because of statistical packages for the computer. The primary statistical method in this research is the difference of means test, the most simple form of analysis of variance (Iverson & Norpoth, 1976). This is appropriate because, given the sample size, the basic assumptions for the test can be reasonably approximated. In addition, the hypotheses refer to two nominal level groups compared on a variety of interval measures. Thus, the difference of means test is the appropriate statistic.

### CHAPTER THREE RESULTS

This chapter presents the statistical findings of this study. The first section examines the demographic data, both to compare the two subgroups of the sample and to facilitate comparisons with other studies of adolescent motherhood. Next, each hypothesis is restated and discussed with the appropriate data and tests of significance. Although findings will be summarized, the major discussion takes place in Chapter Four.

#### The Sample

Data for this research were collected in a six county region of north Florida, an area which is both predominately rural and very poor. Generally, the populations of these counties tend to be employed in agriculture, logging, and in the prison system. Unless one is willing and able to travel long distances (up to 120 miles) to consult with private physicians, health care is provided through the Public Health Department. All subjects were black.

The mothers in this research were all volunteers who came to their local health departments for well baby care. Eligibility for this care is determined through income screening which considers the gross family income and number of family members. People whose income is at 150% of poverty level as defined in Title XX guidelines qualify for \_\_\_\_\_ medical care. Persons who receive welfare or medicaid also



automatically qualify. The directors of the clinics stressed that they try to be as liberal as possible in their admission criteria and estimate that 90% of all mothers who qualify for care receive it. Thus, medical care is provided for the destitute, welfare families, and the working poor.

Table 2 indicates that this sample of mothers is almost all unmarried and unemployed. The few who are employed are waitresses and check-out persons in local stores. The data on educational achievement support Furstenberg's (1976, p. 132) conclusions that while motherhood has a negative impact on the education of adolescents, the impact is not as severe as previous literature implies. While 97% of the nonmothers are in school, 55% of the mothers are also in school. Although this difference is significant at the .0001 level, it is important to note that of the mothers not in school, 62% have completed twelfth grade. This means that of the total sample of mothers, 80% are either in school or have completed twelfth grade. It is significant that the state of Florida has policies which encourage young mothers to return to school. This more liberal orientation appears to be effective in helping many young mothers to remain in the educational system. However, a total of 10 mothers, or 10%, had dropped out. The informal attitudes of school personnel are sometimes less supportive of having the mothers in school. Teachers often remarked that the mothers were a "negative influence" in that their presence encouraged other girls to become pregnant.

The children of these young mothers all reside with their mothers. Furthermore, most of the mothers live with

Table 2. Demographic characteristics of mothers and nonmothers.

<u>Characteristic</u>	<u>Mothers (n = 50)*</u>		<u>Nonmothers (n = 68)</u>	
	<u>n</u>	<u>%**</u>	<u>n</u>	<u>%</u>
<u>Age</u>				
14	-	-	14	20.6
15	2	4.1	16	23.5
16	5	10.2	24	35.3
17	14	28.6	11	16.2
18	9	18.4	2	2.9
19	7	14.3	1	1.5
20	12	24.4	-	-
<u>Marital Status</u>				
Single	44	88	66	97
Married	4	8	1	1.5
Widowed	-	-	1	1.5
Divorced	-	-	-	-
Separated	2	4	-	-
<u>In School</u>	22	44.9	66	97
<u>Educational Level</u>				
Less than 8	5	10.5	11	19.1
9-11	22	45.9	51	75
12	21	43.8	4	5.9
<u>Employment</u>	7	14	2	2.9
<u>Use of Contraception</u>	30	62.5	13	20.6

\*For each characteristic, the n's may not equal the total n because the subject did not respond.

\*\*Percents may not sum to one hundred because figures are rounded to the nearest tenth.

their own mothers and other extended kin. Table 3 indicates that the children range in age from six months to six years. Thirty percent of the mothers have two or more children, while 14% have three. Although a number of mothers report using some method of birth control, a large minority does not. Despite their experience as young mothers, almost 38% report that they are not practicing birth control.

The sample of nonmothers was obtained through the cooperation of the public schools. This fact accounts for both the lower age and the lower incidence of dropping out of school observed in Table 2. The nonmothers average 15.6 years whereas mothers average 18 years, a difference statistically significant at the .0001 level. Of the nonmothers, 97% are still in school. Two are employed: one as a check-out person and one as a waitress. Like the mothers, the nonmothers are unmarried. Their reported use of birth control, however, is considerably lower. Eighty percent indicate that they do not use any form of contraception. Because the schools objected, it was not possible to determine the extent of sexual activity among these girls.

The demographic characteristics of the adolescent mothers in this study are similar to those included in the Colletta et al. (1981) and the Furstenberg (1976) works. Colletta's mothers averaged 17.5 years while Furstenberg's were pregnant for the first time prior to age 18. None of Colletta's subjects were married while 81% in the Furstenberg research were single. A substantial majority of mothers in both studies were unemployed and lived with their

Table 3. Age of children of adolescent mothers.

	<u>Mothers</u>	
<u>First Child</u>	<u>n</u>	<u>%</u>
6-12 months	22	44
1 year	11	22
2	3	6
3	5	10
4	3	6
5	2	4
6+	1	2
 <u>Second Child</u>		
6-12 months	5	10
1 year	5	10
2	3	6
4	1	2
5	1	2
no second child	35	70
 <u>Third Child</u>		
6-12 months	3	6
2 years	3	6
4	1	2
no third child	43	86

own mothers. Half the Furstenberg mothers completed high school; 51% of the Colletta mothers had either graduated or were enrolled in the eleventh grade.

One of the major differences between the Colletta and Furstenberg studies and this one is that both of the former were conducted in large metropolitan areas, areas resembling the cities where Ladner (1972) and Stack (1974) did their field work. As indicated previously, the respondents in this study are mainly rural. The Dougherty (1978) study was also conducted in a small, rural town close to the location of this research.

Nonetheless, these works all describe the adolescent subjects, both mothers and nonmothers as poor and unmarried. They are high school graduates or less, tend to be unemployed, and usually live with their parents or mothers. What this implies is that despite the disparate study designs and research locations, there are striking similarities among the demographic characteristics of the subjects. While generalizations cannot be made on statistical grounds, these similarities at the minimum allow for comparisons to be made with some confidence among the groups.

#### The Hypotheses

This section of the chapter examines the hypotheses. The first hypothesis is that black adolescent mothers will be involved in larger and denser social networks than black adolescents who are not mothers. Thus, two related variables are considered: the size of the network and its

density. Focus is on kin and friends whom the adolescent has defined as important to her.

Data pertaining to the size of the network are presented in Table 4. When considering the total network size, no significant difference exists between the mothers and nonmothers. In separating family and friends, significance is approached in the predicted direction for the family network. That is, mothers have larger family networks. While a significant difference emerges in the size of the friendship network, it is not in the predicted direction: nonmothers have larger friendship networks than mothers. This difference may reflect an easier accessibility to friends which the nonmothers have in school, a point that will be considered at greater length in the last chapter.

The next variable is the number of relationships which exist among the members of the adolescents' network. These data are also in Table 4. Total network relationships refers to both the relationships within the family and within friends as well as between family and friends. Family/friendship relationships are only those relationships which exist between the two groups (not within). Table 4 indicates that the hypothesis is supported: there is a significantly higher number of relationships in the network of the mother than of the nonmother. This is true for both the total network and the family/friendship network.

The last part of this hypothesis refers to the density variable and the statistics in Table 4 show the supporting data. Both the total network and the family/friendship

Table 4. Motherhood and networks.

	<u>Mean</u>	<u>Standard Deviation</u>	<u>t</u>	<u>Significance</u>
<u>Total Network Size</u>				
Mothers	9.8	4.45	.6856	ns
Nonmothers	10.3	3.82		
<u>Family Network Size</u>				
Mothers	5.7	3.26	-1.72	.08
Nonmothers	4.8	2.19		
<u>Friendship Network Size</u>				
Mothers	3.6	2.60	1.95	.05
Nonmothers	4.5	2.47		
<u>Total Network Relationships</u>				
Mothers	37.6	40.44	-2.82	.006
Nonmothers	18.7	27.42		
<u>Family/Friendship Network Relationships</u>				
Mothers	14.9	18.0	-4.12	.0001
Nonmothers	4.6	5.7		
<u>Total Network Density</u>				
Mothers	.73	.29	-5.94	.0001
Nonmothers	.40	.27		
<u>Family/Friendship Network Density</u>				
Mothers	.68	.42	-5.26	.0001
Nonmothers	.29	.32		

networks of mothers are substantially more dense than those of the nonmothers. Thus, the argument made in Chapter One, that with motherhood comes a significant increase in the interrelationships among the members of her social system, is supported.

In summary, these data indicate that while there are no significant differences in the size of the total networks, nonmothers report having significantly more friends than mothers. However, the networks of the mothers are denser. This is true not only of the total network, but of the family/friendship network. These young mothers appear to have fewer friends, but the friends they do have seem to be closely integrated with the mother's family.

Because of the statistically significant difference in age between mothers and nonmothers, it is possible that the relationships found between motherhood and the network variables may be a positive function of age and not motherhood. Therefore, correlation coefficients between age and the network variables were calculated separately for mothers and nonmothers. These correlation coefficients can be seen in Table 5. Only two significant relationships emerged, both for nonmothers and both in a negative direction. This finding means that the networks of younger teenagers are likely to have more relationships and be more dense than those of older teenagers. When this finding is coupled with the lack of significance on the other coefficients, it strongly implies that the relationships between motherhood and the network variables are not an artifact of increasing age.



Table 5. Correlation coefficients of age with network variables.\*

	<u>Mothers</u>	<u>Nonmothers</u>
Total Network	.21	.08
Family Network	.15	.02
Friendship Network	.09	-.03
Total Relationships	.09	-.26**
Family/Friendship Network	.13	-.20
Total Density	.00	-.29**
Family/Friendship Density	.19	-.02

\*When indicated by (\*\*) correlations are significant at the .05 level or higher.

The data also indicated a statistically significant difference between mothers and nonmothers on whether or not they were still in school. This suggests that there might be a relationship between the network variables and participation in school which would weaken the relationship between motherhood and the network variables. However, the correlation coefficients indicated that no significant relationships emerged between participation in school and any of the network variables.

The second hypothesis is concerned with three indicators of mental health: self-esteem, depression, and anxiety. The prediction is that black adolescent mothers will experience lower self-esteem, greater depression, and less anxiety than black adolescents who are not mothers. Table 6 presents data for all three variables. There are no significant differences between mothers and nonmothers on any of the variables. Nor is significance approached. Thus, the hypothesis is not supported.

Nonetheless, when comparing the actual score of these subjects with the subjects on whom the norms were developed, some interesting findings emerge. On the measures of self-esteem, Coopersmith (1967) found that the mean score for the girls was 72.2. He adds that this was "skewed in the direction of high self-esteem" (Coopersmith, 1967, p. 10). Both the mothers and nonmothers in this study have mean self-esteem scores higher than the subjects in the Coopersmith work. Thus, not only are there no significant differences

Table 6. Motherhood and mental health measures.

	<u>Mean</u>	<u>Standard Deviation</u>	<u>t</u>	<u>Significance</u>
<u>Self-Concept</u>				
Mothers	79.90	8.03	1.56	ns
Nonmothers	82.13	7.50		
<u>Anxiety</u>				
Mothers	9.37	3.80	1.46	ns
Nonmothers	10.41	3.50		
<u>Depression</u>				
Mothers	16.21	6.02	.40	ns
Nonmothers	16.64	5.30		

between the two groups, both have a relatively positive sense of self-esteem.

Derogatis et al. (1974) report norms on the HSCL for three subgroups of individuals: "depressed neurotics" and "anxious neurotics" are two clinical outpatient subject groups while the third sample, from Oakland, is a non-clinical group. The anxiety and depression scores of the adolescents in the present study are significantly higher ( $p$  is greater than .005) than the Oakland sample and significantly lower ( $p$  is greater than .005) than the clinical samples. Unfortunately, the Derogatis et al. (1974) results are not reported with controls for age or race. While the adolescents in this research do not appear to be depressed or anxious in a clinical sense, they may be more depressed and anxious than the general population. It remains unclear how they compare with other rural, black adolescents.

The last hypothesis states that the coping styles of black adolescent mothers will be more passive than the coping style of nonmothers. There are three problem areas within which coping styles are compared: interaction in institutional arenas, interpersonal behavior, and task oriented actions. Coping styles include active, cognitive control, accommodation, and withdrawal. The active style is the most direct in that it includes responses which modify the situation. Cognitive control is used to manipulate the meaning of the problem by cognitively neutralizing the threat. In essence, the subject creates a congenial perception of the problem. Accommodation is a strategy to manage

suffering. It equates avoidance with problem solving and is a very passive response. Withdrawal refers to literally removing oneself from the situation. As discussed in Chapter Two, the literature is unclear about whether or not the active and withdrawal styles should be considered separately or as one variable. Therefore, this issue must be examined first. For all responses on the next three tables (Tables 7, 8, 9), the lower scores indicate that a particular coping style is used more frequently.

As can be seen in Tables 7, 8, 9, some explanatory power would be lost by combining the two variables. In two problem areas, institutional and task oriented, there are significant differences between mothers and nonmothers on the active coping style but not on withdrawal. When the two styles were combined, there continued to be significant differences which thereby masked the finding that in the withdrawal component, the groups do not differ. In the interpersonal problem area significance is approached on the withdrawal variable but not on the active variable. Again, combining the two does not allow the reader to see this difference. Therefore, analyses for active and withdrawal coping styles are treated separately.

Table 7 gives scores for the coping styles these girls display in dealing with institutional problems. Generally, institutional problems involve schools or social service agencies. Several interesting findings emerge from the table. The first is that an active coping style is

Table 7. Motherhood and coping styles--institutional problems.

<u>Coping Style</u>	<u>Mean*</u>	<u>Standard Deviation</u>	<u>t</u>	<u>Significance</u>
<u>Active</u>				
Mothers	2.3	.58	2.21	.03
Nonmothers	2.5	.50		
<u>Cognitive Control</u>				
Mothers	3.6	.88	1.40	ns
Nonmothers	3.8	.70		
<u>Accommodation</u>				
Mothers	3.7	1.01	-.29	ns
Nonmothers	3.6	.84		
<u>Withdrawal</u>				
Mothers	4.0	.13	1.07	ns
Nonmothers	4.2	.10		

\*Lower scores equal higher frequency.

Table 8. Motherhood and coping styles--interpersonal problems.

<u>Coping Style</u>	<u>Mean*</u>	<u>Standard Deviation</u>	<u>t</u>	<u>Significance</u>
<u>Active</u>				
Mothers	4.2	1.42	1.26	ns
Nonmothers	4.5	1.22		
<u>Cognitive Control</u>				
Mothers	3.1	1.05	3.32	.001
Nonmothers	3.7	.90		
<u>Accommodation</u>				
Mothers	1.7	.78	.57	ns
Nonmothers	1.8	.78		
<u>Withdrawal</u>				
Mothers	3.7	.98	1.82	.07
Nonmothers	4.0	.80		

\*Lower scores equal higher frequency.

Table 9. Motherhood and coping styles--task oriented problems.

<u>Coping Style</u>	<u>Mean*</u>	<u>Standard Deviation</u>	<u>t</u>	<u>Significance</u>
<u>Active</u>				
Mothers	1.9	.69	3.00	.003
Nonmothers	2.2	.49		
<u>Cognitive Control</u>				
Mothers	3.1	.93	2.91	.004
Nonmothers	3.5	.63		
<u>Accommodation</u>				
Mothers	4.5	1.06	1.89	.06
Nonmothers	4.8	.95		
<u>Withdrawal</u>				
Mothers	3.3	1.13	1.20	ns
Nonmothers	3.5	.94		

\*Lower scores equal higher frequency.



preferred by both mothers and nonmothers. This is evident from the low mean score relative to other coping styles. It tends to be a style "often" or "sometimes" used and involves seeking help or advice, or actually doing something to change the situation. There is virtually no real difference between the means of the second and third styles for either mothers or nonmothers. Both cognitive control and accommodation are "sometimes" or "seldom" used. The least used coping style of both mothers and nonmothers is withdrawal. Note, however, the significant difference found in the active coping style. This means that when using this style, mothers are more likely to be active than nonmothers. These findings do not support the hypothesis that mothers will use a more passive coping style than nonmothers. An active, help seeking coping style is the preferred choice for both mothers and nonmothers. Furthermore, the data suggest that mothers are even more likely to be active than nonmothers.

Data focusing on the coping styles used to solve interpersonal problems are presented in Table 8. In contrast to the preferred "active" style for institutional problems, both nonmothers and mothers prefer a more passive style of accommodation in dealing with interpersonal problems. This style essentially involves "doing nothing" and simply accepting things as they are because of the belief that they cannot be changed. It is one which the subjects report "always" or "often" using. The next style in order of preference for both mothers and nonmothers is cognitive

control. This involves controlling the meaning of an event often through devaluation or trivialization. The least preferred coping styles are withdrawal and finally active. Only on the cognitive control style is there a significant difference between the groups with mothers using the style somewhat more frequently than nonmothers. These findings clearly imply that when it comes to managing the stress from interpersonal relations, these young women manage by accepting the situation as it is. Again, the hypothesis is not supported. Although mothers cope as predicted by preferring a passive coping style and eschewing the active one, the nonmothers defy the prediction by expressing the same preferences.

The last problem area to be considered concerns task oriented problems, e.g., money and living arrangements. These data are presented in Table 9. As with institutional problems, both mothers and nonmothers prefer an active coping style when faced with task oriented problems. Also, the mothers are even more likely than the nonmothers to use this particular coping style. The next two styles, cognitive control and withdrawal, are nearly equal in use to each other. However, Table 9 indicates that when a cognitive control style is used, mothers are likely to use it more often than nonmothers. Finally, the coping style least favored by both groups is accommodation. Again, the hypothesis is not supported in that both groups and not just mothers report preferring the active style to the more passive.

Figure 1 illustrates the findings relating to the third hypothesis and facilitates summary. As can clearly be seen in the figure, within each problem area the coping patterns of mothers and nonmothers are essentially the same. On several particular coping styles, mothers engage more actively than nonmothers, but this does not alter the pattern of preference for coping styles within any given problem area.

Coping styles also vary according to the nature of the problem. In Figure 1, low scores signify the most frequently used coping style. For institutional and task oriented problems, the preferred style is active whereas for interpersonal problems the preferred style is accommodation. As can be seen in the figure, the distance from the first choice and the three other choices is relatively large suggesting a strong commitment to the first choice. There are two important issues which these data do not address: the first is whether or not the subjects use these methods effectively and the second is whether or not their preferred choice is the most efficacious given the nature of the problem. These will be considered in the next chapter.

#### Summary

The data offer mixed support for the hypotheses. The first hypothesis is generally supported. While nonmothers have larger friendship networks than mothers, mothers' support networks have more relationships with a higher degree of density than nonmothers. The second hypothesis, which relates to predicted differences in measures of mental

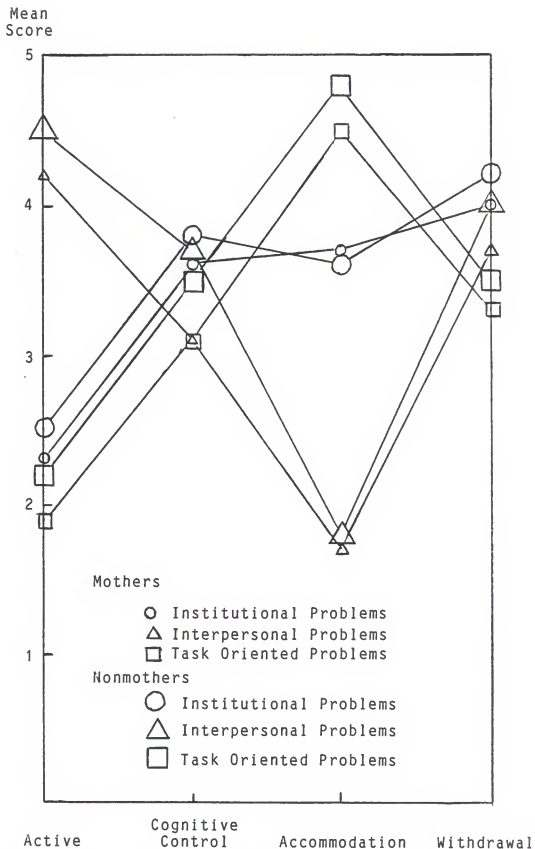


Figure 1. Coping styles of mothers and nonmothers.

health, is not supported. Not only are there no differences between mothers and nonmothers, both groups experience comparatively high self-esteem and low depression and anxiety. Finally, the data do not support the third hypothesis, that mothers will utilize a more passive coping style than nonmothers. For each problem area, there are no differences among the coping styles used by mothers and nonmothers. For both institutional and task oriented problems an active approach is the one most frequently used. For interpersonal problems a passive approach is used most frequently by both groups.

All of these findings will be discussed in the next chapter.

## CHAPTER FOUR DISCUSSION

This research, as most social science research, began with a particular social problem: adolescent motherhood. The negative effects of young motherhood have been reviewed in Chapter One. The relatively dispassionate language of the social sciences does not and cannot describe the very real distress and concern experienced not only by young mothers and their families, but by the larger society as well. Given all this, it is curious that so many black adolescents become mothers and remain unmarried. The focus of this research centers on that apparent anomaly: to account for behavior which persists and even increases in the face of what seems to be very negative consequences.

In order to develop hypotheses, many different sources were consulted, including nonfiction and first person accounts of growing up black and female, participant observation studies of both rural and urban, black, working class society, and quantitative research of teenage pregnancy and motherhood which examines a few variables at a time. What emerged from all of this is a very complex picture in which historical, social, and psychological variables all play a significant role.

Patterns of behavior supporting youthful, unmarried motherhood were carried from Africa and reinforced by the

slave experience. Concomitantly, black people developed unique social support systems which ensured the care of infants and young children along with the sharing of meager but essential resources. Among poor black families this system has continued to find roots and provide solutions for the problems of poverty and racism as they exist today. Babies are a source of hope. In addition, they provide a familiar, acceptable identity for a young woman and continue to serve as the focal point for the distribution of resources. To a great extent, the young mother's identity seems to be bound inextricably with her social support network. In addition, this network is her primary economic mainstay.

However, as detailed in Chapter One, a negative aspect to this solution is also implied in the literature. The intense mutual involvement among members of the support network forms a tight bond from which it is difficult for any one individual to leave. Commitment to the network seems to close off many options and possibly truncate coping abilities. Psychological ties appear to be strong and members are very dependent on each other for the basic necessities of life. Thus, leaving the network to deal alone with a hostile larger society would be very chancey, indeed.

Thus, the main argument in previous research is that the black adolescent female is confronted with a dilemma: becoming a mother allows her to assume an adult role which is supported and valued but which is also difficult to alter. In effect, she trades her potential for mobility in

exchange for security. In resisting the role of mother she might avoid the restrictions and limitations placed on her by intense involvement in her social network. That is, she can avoid psychological and economic dependency on her network and maintain wider options and coping abilities. But given perceived and real societal limitations on mobility for poor black adolescent females, it is not clear whether or not the risk is worth the potential loss.

The hypotheses in this research are designed to reflect the complex social and psychological situation described above. The first hypothesis focuses on whether or not there is a significant difference in the size and integration of the support systems of adolescents who are mothers and adolescents who are not mothers. The second hypothesis relates to the implied psychological variations between mothers and nonmothers: that the security of the family network might encourage young mothers to experience less anxiety than nonmothers, but that the restriction on mobility and loss of opportunity might foster depression and loss of self-esteem among mothers. The last hypothesis relates to possible differences in the coping styles of mothers and nonmothers: that mothers would be more passive than nonmothers in their approach to the stress of problems which adolescents confront.

The results of this research indicate that in this sample of small town and rural, black, adolescent females the primary difference between mothers and nonmothers relates to the size and integration of their social support



networks. There is clear support for the argument that motherhood propels a girl into a close, interconnected support network of family and friends. Nonmothers appear to have a larger number of friends than do mothers, and their support networks are less well integrated. The literature discussed in Chapter One implies that the integration of the support network has a positive impact on the infants of these young mothers. Although the present research does not address this issue directly, anecdotal evidence collected from the Health Department officials does. These workers often commented that the young, black mothers were "good" mothers in that their babies were relatively well nourished, well dressed, and generally healthy. The workers also noted that it was unusual to see evidence of child abuse in this group. They attributed this to extended family and friendship support for mothers and children. The nurses and doctors also noted that they believed young, white mothers lacked such support and that their babies frequently appeared to be less well cared for. Clearly, this is an area for more research.

It is substantively significant that the data in this research offer no support for the second hypothesis. There are no statistically significant differences between mothers and nonmothers on self-esteem, anxiety, or depression. This fact suggests that the psychological consequences of motherhood may not be all that negative, at least for this particular group. Mothers do not experience a loss of self-esteem nor do they become more depressed. Furthermore, the

similarity in anxiety scores suggests that becoming part of a close support system does not necessarily decrease anxiety about the role one plays. Conversely, being part of a less integrated support network does not appear to increase anxiety. It is possible that anticipatory socialization for motherhood is such that the adolescent is, in essence, "ready" to become a mother and that when, in fact, she does have a baby, it is what she has been prepared for and expects to do.

Data on the last hypothesis, concerning coping styles, indicate no significant differences between mothers and non-mothers in coping styles they used for three problem areas. Among these adolescents, motherhood and involvement in integrated social support networks does not, per se, promote a particularly passive coping response to the problems of adolescence. In fact, the mothers appear to maintain an active approach to problem solving, particularly with school and other public agencies as well as toward financial problems and those involving domestic living. The preferred style for interpersonal problems is an accommodating, passive style, one which involves accepting the situation as it is. The data do indicate, however, that mothers will sometimes pursue certain styles more frequently, but this does not alter the ordering of their preferences.

While the data in this research suggest what kinds of coping styles are used by these adolescents, they do not indicate whether or not the coping is effective. For example, the girl may ask for help but that does not necessarily

mean she will get it. She may try to alter the situation but without success. Pearlin and Schooler (1978) believe the most effective coping responses to institutional type problems are those which allow the individual to psychologically withdraw and disengage herself from involvement. This type of response is reflected in the coping style which is the second choice of subjects in this study for both institutional and task oriented problems. It is the cognitive control style. Their first choice is the active help seeking style. Pearlin and Schooler (1978) note further that these problems (institutional problems) arise in areas of life which are impersonally organized and which are beyond a personal coping repertoire. They continue by saying that "we do not yet know the conditions under which help from others can be effective" (p. 10). Thus, it is not clear whether or not seeking help is an effective way to solve institutional or task problems. All that is known from this research is that the active, help seeking coping style is one which these adolescents prefer.

In the area of interpersonal relations, Pearlin and Schooler (1978) note that the most effective coping style is one which involves engaging rather than avoiding or withdrawing from the other. The coping response preferred by the adolescents in this study is accommodation, one which is passive and involves accepting the situation. It is, however, likely to be ineffective in that it involves avoidance. In their discussion of sex differences in coping styles, Pearlin and Schooler (1978) note that while this

type of response exacerbates stress, it is one which is typically used by women. Thus, while the subjects in this research may not deal effectively with the stress from interpersonal problems, their responses are not unusual. Any future research in this area needs to consider not only which style is preferred but whether or not it is appropriate to the situation and effective.

While coping responses are important, Pearlin and Schooler (1978) argue that certain personality characteristics can be important resources in managing stress. They note that a positive sense of self-esteem is one such resource and that it is particularly important in managing the stress from institutional and economic problems. The data from this research suggest that these subjects tend to have this resource.

To summarize, it is questionable whether or not these adolescent females are using the most effective coping styles or using them well. In task and institutional problems, they seem to have an effective style in their repertoire of responses, but it is their second rather than their first choice. However, they also show a personality characteristic, positive self-esteem, which helps one to manage stress from these same problems. They fare less well in the area of interpersonal relations, as their coping responses are those which Pearlin and Schooler (1978) would describe as relatively ineffective.

An important issue left for consideration concerns the meaning of these data for the more general ideas about

adolescent motherhood expressed in Chapter One. While the data do not permit definitive answers, they do encourage speculation and ideas for future research.

When considering the consequences for behavior, the meaning attributed to the consequences of motherhood will vary not only according to characteristics of subjects but also by characteristics of observers of the behavior. Although it remains a questions for future research to consider the effectiveness of the coping styles used by black adolescent females, this research indicates that the experience of motherhood does not alter their coping styles. Thus, it cannot be said to diminish their ability to cope. Motherhood does, however, go hand in hand with an increase in the density or integration of the adolescent's social support network. The data clearly suggest that the outcome of involvement in such a close network may be more positive than ambivalent, at least from the perspective of the mother. From a clinical point of view, the perspective of the mother is obviously the most important.

Much of the thinking about adolescent motherhood appears to be confounded by both race and class. These data support the participant observation accounts of Ladner (1972), Stack (1974), and Dougherty (1978). These observers argue that for poor, black, adolescent females, motherhood is the role for which many young girls are consciously or unconsciously preparing themselves. Motherhood clearly does not necessarily mean that they will be unable to finish high school. In fact, a majority of mothers finish. Furthermore,

they maintain a positive sense of self and are not notably depressed or anxious. What is possible is that perceptions regarding work, education and mobility are set before the adolescent becomes a mother. Thus, while motherhood may reinforce these perceptions and expectations, it does not necessarily cause them. Furthermore, the young mothers' coping styles and certain psychological characteristics seem to be established prior to the onset of motherhood. If both expectations and possibilities are low, motherhood may in fact be the role of choice for these adolescents. The data suggest that the outcome is not all that negative.

Before concluding the discussion, it would be useful to make some brief observations about the design of this study, especially in light of the methodological comments in Chapter Two.

Clinical research typically follows the more traditional psychological orientation toward experimental design. Some form of deviant behavior, usually that falling under the rubric mental illness, is the focus of the research. The demands of experimental design for careful control and manipulation of variables generally require a "captive" group of subjects: for example, students, outpatients of a clinic, or inpatients of a hospital. Because of limitations built into the populations studied, the research of clinical psychologists often misses or avoids studying behavior which can only be observed in a more naturalistic setting. Yet behaviors occurring in "the real world" outside the laboratory are clearly appropriate topics for clinical research.

The usefulness of studying such phenomena can be seen from two vantage points: the questions clinical psychology brings to the research and what clinicians can learn from the research. This study of adolescent motherhood among black people addresses both issues.

The original research question was directed toward the observation that motherhood among lower class black adolescents persists in the face of what many observers define as negative outcomes. Anthropologists and sociologists have described the lives of these subjects and defined the issues in social structural terms. What they have not done, and cannot do given their methodological and theoretical orientations, is examine the behavior in terms of such variables as family or friendship dynamics, perception, and motivations. That is, they do not look at the internal, psychological characteristics of the individuals. This research has raised precisely these issues. In essence, individual psychological and behavioral solutions to particular social structural problems is the question this research addresses. The answers, it should be emphasized, can only be obtained outside of the experimental laboratory, for the subjects used in this study are not easily obtainable.

What has been learned that might be important to clinicians is the second issue raised above. Social scientists of all persuasions pay lip service to the notion that deviant behavior should be examined and understood from the perspective of the deviant. This research reinforces the importance of understanding that so-called deviant, dysfunctional

behavior may not be seen as either deviant or dysfunctional by the subject. In fact, given the social structure in which the subject lives and the problems she faces, the "deviant" behavior--motherhood, in this case--may be the optimal solution. This fact has important clinical implications.

Adolescent motherhood continues to be defined as a problem of significant impact, so the young mothers are frequently referred by doctors, teachers, and nurses for counseling or therapy. The goal is often to "help" the mother change, that is, to avoid past and future "mistakes" and to "improve" her life. If the young mother is poor and black, the clinician needs to be very cautious in both examining the nature of the problem and the valuative assumptions that are made. He or she should look for evidence of the existence of a kinship network and its manner of functioning. In particular, the clinician should not assume that the mother has little support, suffers from low self-esteem and depression, or cannot cope with stress from the problems in her life. With any patient or client, change is a function of perceived and actual social limitations. The clinician needs to be sensitized to both. Furthermore, while the social network in which these young mothers live may not seem to be ideal to those outside the network--for example, middle class clinicians--it is important to remember that this social context provides a source of role identity, economic support, and child care for those within it. From



this angle of vision, then motherhood may not be a "mistake" and the course of therapy is altered accordingly.

In conclusion, a number of questions have been raised in this research which might be addressed by psychologists in future work. One would be to examine the perceptions of job opportunity, perceptions of mobility opportunity, and perceptions of general life chances as they affect the internal psychological states of adolescent mothers and nonmothers. Another would be individual, in depth case studies of several mothers. Such a methodology would provide much greater understanding of the complex interplay of psychological and family dynamics. Further, there are many unanswered questions regarding the whole issue of coping: what styles are effective in what situations, how can effective coping be taught and learned, how does coping relate to other psychological and social variables. Finally, virtually no data exist on the lives of poor black women who are young adults and who have postponed childbearing. All these issues need to be explored.

APPENDIX A  
QUESTIONNAIRE

APPENDIX A  
QUESTIONNAIRE

Background Information

1. Please tell me how old you are. \_\_\_\_\_
2. At the present time are you:  
1. \_\_\_\_\_ single 2. \_\_\_\_\_ married 3. \_\_\_\_\_ separated  
4. \_\_\_\_\_ divorced 5. \_\_\_\_\_ widowed
3. Do you have any children? 1. \_\_\_\_\_ yes 2. \_\_\_\_\_ no  
If no, please go to question 4.
  - a. If yes, how old is each child?  
first child \_\_\_\_\_  
second child \_\_\_\_\_  
third child \_\_\_\_\_
  - b. Do these children live with you? 1. \_\_\_\_\_ yes  
2. \_\_\_\_\_ no
  - c. If they do not live with you, who do they live with?  
1. \_\_\_\_\_ my mother (child's grandmother)  
2. \_\_\_\_\_ someone from child's father's family  
3. \_\_\_\_\_ someone from my family (not my mother)  
4. \_\_\_\_\_ other
  - d. Do any of your children have an illness which re-  
quires the regular care of a physician? 1. \_\_\_\_\_  
2. \_\_\_\_\_ no
4. What is the last grade in school which you completed? \_\_\_\_\_
5. Are you still in school? 1. \_\_\_\_\_ yes 2. \_\_\_\_\_ no
6. Do you have a job? 1. \_\_\_\_\_ yes 2. \_\_\_\_\_ no
  - a. If yes, what is your job called?
  - b. What was your income last year?
7. Are you currently under the care of a physician?  
1. \_\_\_\_\_ yes 2. \_\_\_\_\_ no
8. Have you ever been treated by Mental Health?  
1. \_\_\_\_\_ yes 2. \_\_\_\_\_ no

9. Are you now pregnant? 1.\_\_\_\_yes 2.\_\_\_\_no
- a. If not, are you presently using any method of birth control? 1.\_\_\_\_yes 2.\_\_\_\_no
10. What is your race?
- 1.\_\_\_\_Black 2.\_\_\_\_White 3.\_\_\_\_Hispanic 4.\_\_\_\_Other

SOCIAL NETWORK LIST

We would like you to list those individuals who in some way are significant to you at this time in your life. These are people with whom you have some sort of contact at least once during any 4-6 week period. We ask that you include on this list anyone who is an important source of support, encouragement, or guidance to you. Otherwise, these may be people with whom you visit or do things with, talk to, etc.

Space has been provided for you to list family members or relatives, friends, and perhaps even professionals (for example, physician, clergy, employer, etc.). We ask that you limit yourself, if that is necessary, to listing no more than 20 people (first names only). By no means feel that you have to list that many people. If, however, you would like to list more, please limit yourself to the 20 most significant people in your life at present.

When you are finished, please wait for verbal instructions.

Family Members or Relatives

Friends

Professionals

MAP

## Instructions:

Next are some questions about problems which teenagers often have. We are interested in how you solve these kinds of problems. After each problem are some descriptions of how you might solve the problem. Please decide if you always, often, sometimes, seldom, or never solve the problem that way. Then place an X in the column which best shows your answer. Example: Sometimes people fight with their boyfriends. When you do this, how often do you:

Tell yourself just to forget about it. (If you always tell yourself to forget about it, put an X in number 1, "always.")

Always	Often	Sometimes	Seldom	Never
1	2	3	4	5
(X)	( )	( )	( )	( )

Always	Often	Sometimes	Seldom	Never	
1	2	3	4	5	
( )	( )	( )	( )	( )	1. Tell yourself there is nothing you can do so you should forget about it.
( )	( )	( )	( )	( )	2. Tell yourself that grades really aren't very important.
( )	( )	( )	( )	( )	3. Change the way you study.
( )	( )	( )	( )	( )	4. Tell yourself not to worry, things could be worse.
( )	( )	( )	( )	( )	5. Try to drop the class.
( )	( )	( )	( )	( )	6. Ask someone for help.

Always	Often	Sometimes	Seldom	Never
1	2	3	4	5
( )	( )	( )	( )	( )

Sometimes people have problems getting along with a teacher at school. When you have such a problem how often do you:

- |     |     |     |     |     |  |
|-----|-----|-----|-----|-----|--|
| ( ) | ( ) | ( ) | ( ) | ( ) | 1. Tell yourself there is nothing you can do, you have to take bad teachers sometimes. |
| ( ) | ( ) | ( ) | ( ) | ( ) | 2. Go to the teacher and try to talk it over.  |
| ( ) | ( ) | ( ) | ( ) | ( ) | 3. Get advice from someone else about what to do.                                      |
| ( ) | ( ) | ( ) | ( ) | ( ) | 4. Tell yourself to just put up with things.   |
| ( ) | ( ) | ( ) | ( ) | ( ) | 5. Tell yourself the class isn't very important.                                       |
| ( ) | ( ) | ( ) | ( ) | ( ) | 6. Tell yourself that everybody is in the same boat with that teacher.                 |
| ( ) | ( ) | ( ) | ( ) | ( ) | 7. Avoid taking classes from that teacher.   |

Sometimes people get into trouble at school for breaking rules or creating disturbance. When you have such a problem how often do you:

- |     |     |     |     |     |  |
|-----|-----|-----|-----|-----|--|
| ( ) | ( ) | ( ) | ( ) | ( ) | 1. Take the punishment and try not to do it again.                           |
| ( ) | ( ) | ( ) | ( ) | ( ) | 2. Tell yourself not to worry about it, a lot of people have it a lot worse. |
| ( ) | ( ) | ( ) | ( ) | ( ) | 3. Just put up with it; you have to take the good and the bad.               |
| ( ) | ( ) | ( ) | ( ) | ( ) | 4. Get some advice from someone.   |
| ( ) | ( ) | ( ) | ( ) | ( ) | 5. Tell yourself that school just isn't very important.                      |
| ( ) | ( ) | ( ) | ( ) | ( ) | 6. Make plans to quit school.  |



Always			Sometimes		
1	2	3	4	5	
( )	( )	( )	( )	( )	

Sometimes people have problems at work. Perhaps they don't get along with the boss or they don't like the work. When you have this kind of problem, how often do you:

- |     |     |     |     |     |   |
|-----|-----|-----|-----|-----|---|
| ( ) | ( ) | ( ) | ( ) | ( ) | 1. Tell yourself the boss treats others even worse.                 |
| ( ) | ( ) | ( ) | ( ) | ( ) | 2. Try to talk things over with the boss.                           |
| ( ) | ( ) | ( ) | ( ) | ( ) | 3. Keep working and tell yourself I'm doing the best I can.         |
| ( ) | ( ) | ( ) | ( ) | ( ) | 4. Tell yourself that the job isn't very important anyway.          |
| ( ) | ( ) | ( ) | ( ) | ( ) | 5. Just try to relax, things generally work out one way or another. |
| ( ) | ( ) | ( ) | ( ) | ( ) | 6. Change the way you do things to try to do what the boss wants.   |
| ( ) | ( ) | ( ) | ( ) | ( ) | 7. Quit the job.  |

Sometimes people run into problems with the community agencies that are supposed to help them. Such an agency might include the welfare office, the health department, the counseling center, the employment office. When you have a problem getting what you want from an agency, how often do you:

- |     |     |     |     |     |  |
|-----|-----|-----|-----|-----|--|
| ( ) | ( ) | ( ) | ( ) | ( ) | 1. Talk to someone in the agency to try to work out the problem. |
| ( ) | ( ) | ( ) | ( ) | ( ) | 2. Just put up with it, as there isn't anything anyone can do.   |
| ( ) | ( ) | ( ) | ( ) | ( ) | 3. Tell yourself not to be upset, things could be worse.         |
| ( ) | ( ) | ( ) | ( ) | ( ) | 4. Tell yourself to stop worrying, something will work out.      |
| ( ) | ( ) | ( ) | ( ) | ( ) | 5. Tell yourself that everyone has these problems.               |
| ( ) | ( ) | ( ) | ( ) | ( ) | 6. Talk to someone not working with the agency about what to do. |
| ( ) | ( ) | ( ) | ( ) | ( ) | 7. Stop going to that agency.                                    |

Always			Sometimes		
1	2	3	4	5	
( )	( )	( )	( )	( )	

Sometimes people have a hard time getting along with their parents. When this happens to you, how often do you:

- |     |     |     |     |     |   |
|-----|-----|-----|-----|-----|---|
| ( ) | ( ) | ( ) | ( ) | ( ) | 1. Just keep your feelings to yourself.   |
| ( ) | ( ) | ( ) | ( ) | ( ) | 2. Try to talk things over with your parents to work things out.                          |
| ( ) | ( ) | ( ) | ( ) | ( ) | 3. Tell yourself not to worry since teenagers usually don't get along with their parents. |
| ( ) | ( ) | ( ) | ( ) | ( ) | 4. Go stay with someone else for a while.   |

Sometimes people have disagreements or fights with their friends. When this happens to you, how often do you:

- |     |     |     |     |     |   |
|-----|-----|-----|-----|-----|---|
| ( ) | ( ) | ( ) | ( ) | ( ) | 1. Decide the friend wasn't very important.                   |
| ( ) | ( ) | ( ) | ( ) | ( ) | 2. Talk things over with the friend to work it out.           |
| ( ) | ( ) | ( ) | ( ) | ( ) | 3. Keep your feelings to yourself and try to forget about it. |
| ( ) | ( ) | ( ) | ( ) | ( ) | 4. Stop seeing that friend.                                   |

Sometimes girls have problems with their boyfriends. When this happens to you, how often do you:

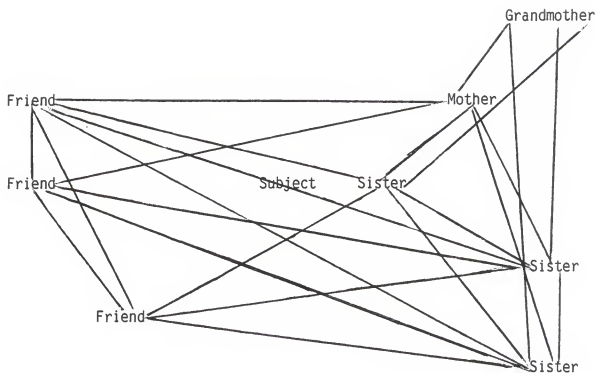
- |     |     |     |     |     |   |
|-----|-----|-----|-----|-----|---|
| ( ) | ( ) | ( ) | ( ) | ( ) | 1. Decide he is not your boyfriend anymore.   |
| ( ) | ( ) | ( ) | ( ) | ( ) | 2. Talk with him to try to work things out.   |
| ( ) | ( ) | ( ) | ( ) | ( ) | 3. Just not talk about it and keep your feelings inside.  |
| ( ) | ( ) | ( ) | ( ) | ( ) | 4. Tell yourself you have to take the bad times with the good.                                  |
| ( ) | ( ) | ( ) | ( ) | ( ) | 5. Tell yourself it's not so bad, many of your friends have harder times with their boyfriends. |
| ( ) | ( ) | ( ) | ( ) | ( ) | 6. Tell yourself all men are like that.   |

Always		Often		Sometimes		Seldom		Never	
1		2		3		4		5	
( )	( )	( )	( )	( )	( )	( )	( )	( )	1. Talk it over with parents and try to work it out.
( )	( )	( )	( )	( )	( )	( )	( )	( )	2. Spend as little time as possible around the house.
( )	( )	( )	( )	( )	( )	( )	( )	( )	3. Tell yourself things aren't so bad, that a lot of your friends have it worse.
( )	( )	( )	( )	( )	( )	( )	( )	( )	4. Just try to stay cool until the problem blows over.
( )	( )	( )	( )	( )	( )	( )	( )	( )	5. Get advice from someone else about how to handle the problem.
( )	( )	( )	( )	( )	( )	( )	( )	( )	6. Tell yourself all kids have fights with their parents.

Sometimes teenagers disagree with their parents about doing housework. When this happens with you, how often do you:

APPENDIX B  
SAMPLE MAP

APPENDIX B  
SAMPLE MAP



Network Size = 8

Total Relationships = 23

Nuclear Family = 5

Nuclear Family/  
Friendship Relations = 10

Friends = 3


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## BIOGRAPHICAL SKETCH

Mary Anna Hovey was born and raised in suburban Philadelphia. She completed her last year of high school at the American Community School in Beirut, Lebanon. After two years of college, she joined the Peace Corps and served in Chile for two years as a community development worker. In 1967 she graduated Phi Beta Kappa from the University of Kentucky with a major in anthropology. She entered Indiana University where she received a Ford Foundation Fellowship and a National Science Foundation Fellowship for graduate study in sociology. She completed her M.A. in 1970 and her Ph.D. in 1971. Her research interests were in student protest movements and in juvenile delinquency.

After teaching sociology for six years at the university level, she returned to graduate school in clinical psychology at the University of Florida. She completed her predoctoral internship at Harvard University/Massachusetts General Hospital. Training included participation in the Brandeis University Ethnicity Project which was concerned with the delivery of mental health services to ethnic minority groups.

For the past three years, she has worked at the Community Counseling Center in Bronson, Florida. The center is part of Mental Health, Inc. She currently serves as the

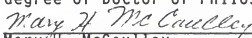
Program Director. Upon completion of the Ph.D. in clinical psychology she plans to become licensed and go into private practice.

Dr. Hovey lives in Gainesville, Florida, with her husband and daughter.

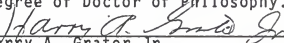
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\_\_\_\_\_  
Hugh C. Davis, Chairman  
Professor of Clinical Psychology


I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

  
\_\_\_\_\_  
Mary H. McCaulley  
Assistant Professor of  
Clinical Psychology

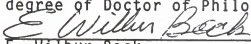
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Harry A. Grater Jr.  
Professor of Psychology

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\_\_\_\_\_  
Marvin E. Shaw  
Professor of Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

  
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This dissertation was submitted to the Graduate Faculty of the College of Health Related Professions and to the Graduate School, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

April 1984

  
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